| Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | | | Complete if Known | | | | | |
|--|---|--|--|--------------|--|---|---|--------------------------|--|--|
| FEE TRANSMITTAL | | | | | n Number | 10/537,750 | | | | |
| for FY 2010 | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | December 4, 2003 | | | | |
| | | | | | ed inventor | Terry W. Lockridge, et al. Minh Trang T. Nguyen | | | | |
| | | | | Examiner | rame | , and | i. reguyefi | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | Art Unit | | 2477 | | | | | |
| TOTAL AMOUNT O | F PAYMENT | (\$) 180.0 | 00 | Attomey D | ocket No. | PU020488 | | | | |
| METHOD OF PAYMENT (| check all that app | oly) | | | | | | | | |
| Customer Number 2 Deposit Accoun For the above-ide Charge fe Charge ar fee(s) under | 4498 at: Deposit Accountified deposite(s) indicate any additional 37 CFR 1.16 | t account, the I d below fee(s) or und and 1.17 | 0632 Director is hereb derpayments o | y authorize | t Account Na d to: (chec narge fee(: edit any o | k all that app s) indicated verpaymen | THOMSON LICENS ly) below, excepts | ot for the filing fee | | |
| WARNING: Information nformation and author | ization on PTO | -2038. | nic. Crean card in | normation : | moula not b | e meluded of | uns form. Provi | ue credit card | | |
| FEE CALCULATION | | | | | | | | | | |
| I. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES Small Entity | | | CH FEES Small | Entity | EXAMINATION FEES Small Entity | | | | | |
| Application Type | Fee (\$) | Fee (\$) | Fee (\$) | Fee | (\$) | Fee (\$) | Fee (S) | Fees Paid (\$) | | |
| Jtility | 300 | 150 | 500 | 25 | 0 | 200 | 100 | | | |
| Design | 200 | 100 | 100 | 50 | | 130 | 65 | | | |
| Plant | 200 | 100 | 300 | 15 | | 160 | 80 | | | |
| Reissue | 300 | 150 | 500 | 25 | 0 | 600 | 300 | | | |
| Provisional | 200 | 100 | 0 | 0 | | 0 | 0 | | | |
| 2. EXCESS CLAIM F | EES | | | | | | Small I | | | |
| Fee Description | . Parties . | | | | | | e (\$) | Fee (\$) | | |
| Each claim over 20 (inclu Each independent claim | | Reissues) | | | | 50 | | 25 | | |
| Multiple dependent claim | | j rielssues) | | | | 36 | • | 180 | | |
| Fotal Claims | | ra Claims | Fee (\$) | Fee Paid | (\$) | | Itiple Depend | | | |
| - 20 | or HP = | x | 52 | 52 | _ | | e (\$) | Fee Paid (\$) | | |
| HP = highest number of t | total claims paid | tor, if greater the | an 20. | | | | | | | |
| ndependent Claims | | ra Claims | Fee (\$) | Fee Paid | (\$) | _ | | | | |
| - 3 c HP = highest number of i | or HP = independent cla | ims paid for, if gr | eater than 3. | | _ | | | | | |
| 3. APPLICATION SIZ | E FEE | | | | | | | | | |
| f the specification and istings under 37 CFR sheets or fraction ther | 1.52(e)), the | application size | e fee due is \$25 | 0 (\$125 for | | | | | | |
| - 100 = | Extra She | ets <u>Nu</u> /50 = | mber of each a | | 50 or fracti whole num | | Fee (\$) | <u>Fee Paid (\$)</u> | | |
| 4. OTHER FEE(S) DS Submission | | | | | | | | Fees Paid (\$) 180.00 | | |
| Total Fees | | | | | | | | 180.00 | | |
| SUBMITTED BY | | | | | | | | | | |
| | | - 1. | Registration No. | 1 | | | - 1 | | | |

| Name (Print/Type) | Michael A. Pugel | Registration No. (Attorney/Agent) | 57,368 | Telephone | 317-587-4027 |
|-------------------|------------------|--------------------------------------|--------|-----------------|--------------|
| Signature | | | Date | October 4, 2010 | |
| | | | | | |

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